Dr.Roller-Fischer

MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029233
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 242

FILED JUL 17 1963

DO NOT WRITE ON THIS STUB | AMENDED

VS 300
Rev. 4/59

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DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | ITEM NO. | SHOULD READ | INSTEAD OF | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St.Elizabeth Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN: Hannibal
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1600 D. St.,
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) — First: Jennie — Middle: V. — Last: Rhodes

4. DATE OF DEATH — Month Day Year: June 27,1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: Dec.15,1872

9. AGE (last birthday): 90
IF UNDER 1 YEAR — Months / Days; IF UNDER 24 HR — Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Logan Co. Indiana

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Steel

13b. MOTHER'S MAIDEN NAME: Esther -----

14. NAME OF HUSBAND OR WIFE: Hezekiah Rhodes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi[ce]): No

16. SOCIAL SECURITY NO.:

17. INFORMANT — Address: Bernie Rhodes, Vermont St., Hannibal,Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY — Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 6-19-63 to 6-26-63 and last saw her/him alive on 6-26-63
Death occurred at 3:05 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] MD

22b. ADDRESS: Hannibal MO

22c. DATE SIGNED: July 2/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: June 29,1963

23c. NAME OF CEMETERY OR CREMATORY: Hope Cemetery

23d. LOCATION (City, town, or county) (State): Ralls Co., Mo.

24. FUNERAL DIRECTOR — ADDRESS: H.M.O'Donnell, Hannibal, Mo.

25. DATE RECD. BY LOCAL REG.: July 8-1963

26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by ______________________________, Student Embalmer No.__________

working under my personal supervision.

Student______________________________
Signature of Student Embalmer

Signed F. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hannibal, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Issued July 8 - 1963